

Introduction

Policies and programs to protect children and women from physical violence and other forms of maltreatment have grown rapidly in the United States over the past 30 years. During this time the courts have been presented with increasing numbers of families for whom difficult decisions must be made following single or multiple violent events involving both adult and child victims.

This report describes children's exposure to domestic violence,¹ the needs of both parents and children in the aftermath of these violent events, and the resources available to help them. A child's exposure to domestic violence frequently co-occurs with child maltreatment (Appel and Holden, 1998; Edleson, 1999a; O'Leary, Slep, and O'Leary, 2000), requiring complex responses to these families. Judicial officers, attorneys, mediators, custody evaluators, and child advocates all need in-depth understanding of these issues in order to make decisions that enhance both child and adult victim safety.

The social science literature on the parenting of both perpetrators and victims of domestic violence is growing but limited. This literature provides some guidance on how to assess children and parents and suggests current and future interventions to help parents and children in the aftermath of violence. Throughout this report we incorporate what is known on the topic into suggested courses of action for court and social services professionals working with these families. After a discussion of the methods we used, the next two sections focus on the available knowledge about parenting by perpetrators and their victims. The fourth section examines assessment issues, and the final section focuses on intervention efforts for both children and parents.

Methodology

This report was developed in several phases. First, social science databases such as PsychInfo, Social Sciences Abstracts, Social Work Abstracts, Child Abuse, Child Welfare and Adoption, Criminal Justice Abstracts, Violence and Abuse Abstracts, and Medline were searched for citations on this topic over the past 20 years. We also checked the citations of documents gathered in our search and sought the advice of experts in the field on key publications they thought would contribute to this report. The search of the

¹ The term "domestic violence" is used in this report to refer to intimate partner violence, specifically adult-to-adult domestic violence. The report is titled "Parenting in the Context of Domestic Violence" because violence in families is a dynamic phenomenon that often continues and affects family members long after parents have physically separated. Biological parents, stepparents, and intimate partners who have major caregiving roles in families are all referred to as "parents" throughout this report. Throughout this report we refer to adult victims as women and to perpetrators as men. This may seem to some a controversial position. However, a careful reading of the published research in this domain (for example, see Bachman, 1998; Bachman and Saltzman, 1995) reveals that intimate partner violence and its results are experienced overwhelmingly by women at the hands of men. The gendered nature of most intimate partner violence is also clearly apparent in the literature reviewed in this report.

"Exposure to domestic violence" is often assumed to indicate being an eyewitness to violent events, but an expanded definition includes much more. Hearing the violence, exposure to the aftermath of violent events, and being used as a tool of the perpetrator—for example through interrogations of the child about the mother's activities or threats to the children in order to control the adult victim—are all considered aspects of child exposure (see Edleson, 1999b, for a more thorough discussion).

electronic databases and citations as well as our consultations generated 96 published articles, chapters, and books with some relevance to parenting in the aftermath of violence. These publications were then gathered and summarized.

This search also reconfirmed that there is a separate and extensive literature on high-conflict divorce and parenting. In this paper we have tried to avoid applying findings from that area and focused as much as possible on what is directly known about domestic violence perpetrators, their adult victims, and the children in their families. Some researchers have liberally drawn conclusions from the high-conflict literature and applied them to families in which domestic violence occurs. Many families studied in the high-conflict literature are not ones in which domestic violence occurs; thus applying conclusions drawn from a broad group of high-conflict families may be misleading.

Published materials reviewed here appeared as both clinical descriptions and empirical research. We have included the clinical literature and noted when the content is based on clinical experience rather than systematically collected empirical data. We did, however, tend to rely most heavily on controlled research.

A second phase of our methodology included semistructured interviews with potential end users of the report. Starting with a list suggested by staff of the Center for Families, Children & the Courts (CFCC) in the Administrative Office of the Courts (AOC), the staff agency of the Judicial Council of California, we completed telephone interviews with six stakeholders. The interviewees are in California and represent the following stakeholder groups: judges, family court service personnel, and staff of the AOC. Each interviewee received a brief outline of this paper and an introductory letter explaining the project. The interviews followed a predetermined format and were conducted over the telephone, lasting approximately 20 to 30 minutes. The interviews focused on the work of the interviewees and the role they played in making decisions about families, their information needs regarding parenting in the context of domestic violence, and their ideas about the format they would find most useful for this report.

Finally, drafts of this report went through a review process. Several staff at the AOC as well as three external examiners (a social worker, a judge, and a sociologist) reviewed a draft document and provided extensive feedback. The structure of this report was shaped, in large part, by the stakeholder interviews and subsequent reviews.

Parenting by Perpetrators of Domestic Violence

Making effective custody, visitation, or intervention recommendations and decisions after violence has occurred requires an understanding of the parents who have perpetrated violence and of other family members, particularly adult and child victims of violence in a home. Eriksson and Hester (2001) suggest that different courts and social services systems view men's violence against adult partners in very different ways. For instance, child protection agencies, domestic violence services, and the policies under which they operate often portray violent parents as potentially dangerous to their children, requiring continued monitoring and social intervention. On the other hand, family courts and the policies under which they operate often view both parents as equally able to care for their children unless proven otherwise. Unfortunately, surprisingly little research has been conducted on parenting by perpetrators of domestic violence, though there is a great deal more research on the mental health and parenting of

battered mothers. This gendered imbalance has itself become the focus of discussion and debate with repeated calls for more attention to the impact of perpetrators' parenting on their children (see Peled, 2000; Sullivan et al., 2000a; Sternberg, 1997).

Parenting Styles of Perpetrators

What little information does exist on the parenting of domestic violence perpetrators reveals that they are likely to parent differently than other fathers. Holden and Ritchie (1991), for example, compared parenting skills as described by 37 shelter-resident mothers to parenting skill descriptions by 37 mothers that who did not experience family violence. According to the reports from battered mothers, their husbands were less likely to have been involved with their children or to have used positive child rearing practices when compared to their nonviolent counterparts. They were more likely to have used negative child rearing practices, such as spankings, when compared to the other fathers. In a later reanalysis of the same data, Holden et al. (1998) found that violent fathers were also more often angry with their children than nonviolent fathers.

Bancroft and Silverman (2002) have recently published the first book focused exclusively on the parenting behaviors of batterers, titled *The Batterer as Parent*. Drawing on research but based primarily on their extensive experience in court custody evaluations and batterer treatment programs, they argue that parenting by batterers when compared to that of nonviolent fathers is more controlling and authoritarian, is often less consistent, and is more often intended to manipulate the children and undermine the mothers' parenting. Their experience also indicates that batterers are often able to perform parenting tasks well when being observed in custody evaluations or supervised visitation settings, but then may change their behavior once observation by outsiders has ended. They suggest that perpetrators may more often pressure children to disclose confidential discussions with evaluators or to convey a specific message in favor of the perpetrator to evaluators and the court. These factors particularly require custody evaluators, staff of supervised visitation centers, mediators, and judicial officers to have a heightened awareness of the perpetrator's behavior.

Children's involvement in adult domestic violence incidents varies greatly. Many battered mothers report that perpetrators purposefully involve children in violent events. Our own research—involving anonymous telephone interviews with 114 battered mothers in four U.S. cities (Mbilinyi, Edleson, Beeman, and Hagemiestter, 2002)—has shown that 73 percent of the mothers who responded reported that perpetrators used their children as a tool or pawn to indirectly get at the mother. In addition, 88 percent of the battered mothers who responded reported that their perpetrator hurt them as punishment for their children's acts. About one in five mothers reported that the perpetrator made her children watch him hit or sexually assault her, and 57 percent of the mothers responding reported that perpetrators blamed them for the perpetrators' own excessive punishment of the children. While our study did not compare mothers' reports to those of mothers in other families, our findings do indicate very high involvement of children in domestic violence incidents in our sample.

Postseparation Violence by Perpetrators

It is often assumed that once separation or divorce has occurred a perpetrator's violence ceases. The available data on postseparation violence shows otherwise. Domestic violence frequently appears after a couple has physically separated (Hardesty, 2002; Jaffe, Lemon, and Poisson, 2002). Leighton (1989) found that a quarter of the 235 Canadian women he interviewed reported threats by a perpetrator during child visitations. In a more recent report, Fleury, Sullivan, and Bybee (2000) found that over one-third (36 percent) of the 135 battered women they studied were reassaulted during separation from their perpetrators. Their study sample included only women who had resided in a battered women's shelter and were still separated from their violent partners 10 weeks after shelter exit. Half of the new assaults occurred within 10 weeks after exiting the shelter, but another 8 percent of the reassaults occurred for the first time since separation in the period of 18–24 months after ending the relationship. Key variables that predicted repeat assaults included prior assaults and threats from the perpetrator, the perpetrator's proximity to his victim, and his prior accusations of her sexual infidelity.

Impact of Perpetrator Behavior on the Child

Many assume that a violent perpetrator's behavior toward his adult victim does not represent a risk to children in the home. The results of 25 years of research indicate the opposite. Over 30 studies of the link between physical child abuse and domestic violence show a 40 percent median co-occurrence in families studied when a conservative definition of child abuse was used. The majority of these studies found a co-occurrence between 30 percent and 60 percent (Edleson, 1999a). Appel and Holden (1998) infer a 6 percent rate of co-occurrence in the general U.S. population.

The data on co-occurring maltreatment come from a wide range of studies in the United States and other countries. For example, child fatality reviews in Oregon and Massachusetts found that between 41 percent and 43 percent of the murdered children's mothers were victims of adult domestic violence (Felix and McCarthy, 1994; Oregon Child Welfare Partnership, 1996). The National Family Violence Survey of 1985 revealed that 50 percent of fathers who beat their wives three or more times in the year of the study had also physically abused their children three or more times that year (Straus and Gelles, 1990). A range of other studies based on child protection records, hospital records, and interviews with battered mothers in shelters indicate similar levels of co-occurring violence in homes. In a recent study of at-risk mothers participating in a home-visiting program, McGuigan and Pratt (2001) found that child maltreatment was confirmed in 155 of the 2,544 families in the sample. Of these 155 families, 38 percent (59 families) also had confirmed domestic violence. A closer analysis of the 59 families with both confirmed domestic violence and child maltreatment revealed that in 78 percent (46) of the families, domestic violence preceded child maltreatment. The wide variation in the degree of co-occurrence among all available studies is most likely the result of the samples used in each study, with some of the lowest co-occurrence rates found in studies drawing participants from the general community and the highest drawing their samples from social services agencies.

As Appel and Holden (1998) have pointed out, co-occurring violence may develop in many different ways. Often the perpetrating male beats both the woman and the child, but it may also be that the man beats the woman, who then abuses the child, or that both parents abuse the child.

While close to half of the children of domestic violence victims are likely to be physically abused, there is also growing concern for those children who are exposed to domestic violence but are not themselves the victims of physical or sexual abuse. A number of authors have produced reviews of the literature on childhood exposure and its limitations (see Edleson, 1999b; Fantuzzo and Mohr, 1999; Holtzworth-Munroe, Smutzler, and Sandin, 1997; Margolin, 1998; Rossman, Hughes, and Rosenberg, 2001). Overall, existing studies reveal that on average children exposed to adult domestic violence exhibit more difficulties than those not so exposed. These difficulties can be grouped into two major categories associated with recent exposure: (1) behavioral and emotional functioning and (2) cognitive functioning and attitudes. For example, several studies have reported that children exposed to domestic violence exhibit more aggressive and antisocial behaviors (“externalized” behaviors) as well as fearful and inhibited behaviors (“internalized” behaviors) when compared to nonexposed children (Fantuzzo et al., 1991; Hughes, 1988; Hughes, Parkinson, and Vargo, 1989). Exposed children also showed lower social competence than did other children (Adamson and Thompson, 1998) and were found to show higher than average anxiety, depression, trauma symptoms, and temperament problems than children who were not exposed to violence at home (Hughes, 1988; Maker, Kemmelmeier, and Peterson, 1998; Sternberg et al., 1993). In addition, a number of studies have measured the association between cognitive development problems and exposure to adult domestic violence. While academic abilities were not found to differ between children exposed to domestic violence and other children in one study (Mathias, Mertin, and Murray, 1995), another found increased violence exposure associated with lower cognitive functioning (Rossman, 1998).

The studies cited above were selected because they all distinguished between children who were exposed to violence and those who were physically abused or both exposed and abused. This is not true of most of the published studies in the field. Distinguishing between these groups is important because one might incorrectly attribute the impact of violence exposure to what may actually be the results of direct physical abuse of the child. For example, whether or not a child is also a direct victim of physical abuse is significantly associated with the degree of harm experienced. Hughes et al. (1989) found that children who were both abused and exposed exhibited the most severe problem behaviors, a witness-only group showed moderate problem symptoms, and a comparison, no-exposure group the least. This same pattern appears in other comparison group and correlation studies (see Carlson, 1991; Hughes, 1988; O’Keefe, 1994; and Sternberg et al., 1993). Children seem to agree; for example, in one study their self-ratings indicated that being abused, or being both abused and a witness, had a greater negative impact than witnessing adult domestic violence alone (McClosky, Figueredo, and Koss, 1995).

Most studies in this area identify comparison groups of “nonviolent” families. Few researchers in the area of domestic violence have developed comparison groups in which parents are in high-conflict yet nonviolent relationships. Conversely, those studying high-conflict families rarely differentiate between those exposed to violence and

those not so exposed. It would be most interesting to compare high-conflict families to those in which violence is occurring to obtain a sense of how the experiences of children exposed to violence are or are not different from those exposed to high conflict between parents.

In this literature, the terms “child maltreatment” and “exposure to domestic violence” are defined and measured in varying ways. The focus in most of the child maltreatment studies cited here has been on children physically abused by their parents, but some studies have examined sexually abused children and a few have included neglected children as well.

Exposure to domestic violence is also a widely varying term as used in the literature. Few studies have actually measured children’s exposure or involvement in violent events. Most assume that children who reside in a home where domestic violence occurred were exposed. Exposure includes seeing and hearing violent events between parents as well as experiencing the aftermath of violence. It may include being directly involved in the events or being used as a tool of the perpetrator (by way of interrogations about the victim’s activities and threats toward the children in order to control the victim). This definition of exposure to domestic violence is more fully developed in Edleson (1999b). Unfortunately, sections of this report sometimes lack a clear definition of the child maltreatment or violence exposure because the studies being cited may not adequately clarify the measurement of these variables.

A number of other factors in addition to child abuse have been found to moderate the degree to which a child is harmed by violence. Gender appears to be a factor that affects the types of problems experienced. In general, boys have been shown to exhibit more frequent problems and ones that are categorized as external-oriented, such as hostility and aggression, while girls generally show evidence of more internal-oriented problems, such as depression and somatic complaints (Carlson, 1991; Stagg, Wills, and Howell, 1989). Other findings dissent from this general trend by showing that girls, especially as they get older, may exhibit more aggressive behaviors (for example, Spaccarelli, Sandler, and Roosa, 1994). Children of different ages appear to exhibit different responses to witnessing violence, with children in preschool reported to exhibit more problems than other age groups (Hughes, 1988).

Finally, the relationship of the child to the adult perpetrator appears to influence how the child is affected. A recent study of 80 mothers residing in shelters, and 80 of their children revealed that an abusive male’s relationship to a child directly affects the child’s well-being, without being mediated by the mother’s level of mental health (Sullivan et al., 2000a). Biological fathers were more likely than stepfathers and significantly more likely than nonfather figures to physically abuse the mothers. Violence perpetrated by a biological father or stepfather was found to have a greater impact on a child than the violence of nonfather figures (such as partners or ex-partners of the mother who played a minimal role in the child’s life). Children whose fathers or stepfathers were the abusers showed lower scores on self-competency measures when compared to the other children. (It is important to note that the self-competency scores of children in this sample were within the normal range for their age group.) The researchers concluded, “There may be something especially painful in the experience of witnessing one’s own father abuse one’s mother” (Sullivan et al., 2000a, p. 598). In particular, stepfathers of children in this shelter-based population seemed to be more emotionally abusive to the

children and more feared by them when compared to biological fathers and unrelated male partners in the home. As the authors state, this study perhaps raises more questions than it resolves. For instance, questions regarding the interactions among child physical abuse, exposure to domestic violence, and the male caregiver's relationship with the child were not addressed.

Are these impacts reversible? Children do appear to exhibit fewer problems the longer the period of time since their last exposure to a violent event. For example, Wolfe, Zak, Wilson, and Jaffe (1986) found more social problems among children residing in shelters than among children who had at one time in the past resided in a shelter. The immediate turmoil of recent violence may temporarily escalate child problems observed in a shelter setting. These findings and others indicate the importance of securing both adult victim and child safety and stability with housing and economic support (see also Edleson, Mbilinyi, Beeman, and Hagemester, 2003).

Multiple Perspectives About Perpetrators

At this point, one might have a fairly negative view of perpetrators and their parenting behaviors. In fact, the views of family members have been found to vary substantially (Sternberg, Lamb, and Dawud-Noursi, 1998). It is not uncommon to hear a battered woman and her child each express a desire to remain in a relationship with the perpetrator if his violence ends. The research on violence and on types of domestic violence perpetrators also reveals that these men and their behaviors vary a great deal, with almost 80 percent not reassaulting partners after completing an intervention program (see Gondolf, 2002).

Peled (2000) suggests that children view their abusive fathers in two contradictory ways—as the “good, loved father” and as the “bad, abusive father”—but seldom maintain both views simultaneously. Peled's earlier qualitative research (1998) found that children implement strategies to minimize the negative view of their fathers, which creates complex emotions when it comes to making choices involving their parents. Most children in her study—14 preadolescents associated with an outpatient domestic violence program—found ways to see their fathers in a positive light despite their negative feelings about the fathers' violence. In a related study of 110 Israeli children, Sternberg et al. (1994) found that children exposed to domestic violence rated the perpetrating parent negatively more often than they did the nonabusive parent, especially when compared to ratings of children from homes with no violence. These same children were no different than comparison children in assigning positive attributes to both parents. Interestingly, in this study, boys more than girls viewed the perpetrating parent in both more positive *and* more negative ways. The authors suggest that fathers may be “more emotionally salient to their sons than to their daughters” (p.788). Alternatively, these findings may suggest gender differences in how boys and girls attach meaning to parents' behavior.

Overall, this literature indicates that perpetrators of domestic violence often continue their abuse of the adult victim and make targets of the children in their homes through threats and violence toward them. This behavior negatively affects the children in a number of ways, such as through harsh parenting and by involving the children in violent events. Children may continue to hold positive views of both parents despite the violence, but also differentiate between the perpetrator and victim by more often

assigning negative qualities to the perpetrator. Judicial officers, custody evaluators, mediators, and others working with these families must understand these dynamics and take them into account when making recommendations and decisions on behalf of children's best interest.

Parenting by Victims of Domestic Violence

Understanding parenting by perpetrators is only part of the equation that requires clarification if adequate assessment and intervention is to take place with these families. Parenting by adult victims of domestic violence is also unique, and the growing empirical literature reviewed below begins to shed light on victims' parenting.

Parenting Styles of Victims

One clear finding in the available research is that battered mothers appear to experience significantly greater levels of stress than nonbattered mothers (Holden and Ritchie, 1991; Holden et al., 1998; Levendosky and Graham-Bermann, 1998). In some samples, researchers found that a battered mother's mental health is impaired by the violence to which she is subjected; in turn, her children's problems appear to be associated with her impaired mental health (Graham-Bermann and Levendosky, 1998; Holden and Ritchie, 1991; Levendosky and Graham-Bermann, 2000; Wolfe, Jaffe, Wilson, and Zak, 1985). For example, in a study comparing 21 preschool children of battered women with 25 children from nonviolent homes, Graham-Bermann and Levendosky (1998) found that children exposed to domestic violence exhibited significantly more adjustment and peer interaction problems than comparison children. Emotional abuse of the mother through physical threats and her reports of poor self-esteem were significantly associated with the problems of her child. This study, however, failed to account for the possibility that not just exposure to violence but also direct abuse of the children accounted for the problems observed.

As stated earlier, more data are available on battered mothers and their caregiving than on perpetrators and theirs. This is probably a result of the greater availability of battered mothers to researchers collecting data through social service agencies and shelter systems. Unfortunately, at times the overreliance on data collected from and about battered mothers may lead to partial or inaccurate conclusions. For example, it may be that the perpetrator's behavior is the key to predicting the emotional health of a child. However, a number of studies measure only battered mothers' difficulties resulting from perpetrators' violence and then associate these maternal difficulties with negative child outcomes. By not collecting data about the perpetrators, we may incorrectly conclude it is the mothers' problems and not the perpetrators' violent behavior that is creating negative outcomes for the children. Thus, the results of some studies discussed in the literature may provide only a partial picture of the events that impact victims' parenting and children's emotional health.

Although battered mothers show increased levels of stress, it appears that this stress does not always translate into diminished parenting. Van Horn and Lieberman (2002) suggest that "Women who live in violent relationships are remarkably similar to comparison women in their beliefs about parenting, their self-reported parenting

behaviors, and their observed interactions with their children. On such variables as providing structure, showing warmth, being emotionally available, and positively reinforcing their children, mothers from violent and nonviolent homes reportedly engaged in similar behavior” (p. 83).

Bancroft and Silverman (2002) argue that what does interfere with battered mothers’ parenting are efforts by batterers to undermine the mothers’ parenting in multiple ways, often continuing into the postseparation period. Available research supports this contention. For example, Holden et al. (1998) found that battered mothers, when compared to other mothers, more often altered their parenting practices in the presence of the abusive male. Mothers reported that this change in parenting was made to minimize the men’s irritability. A survey of 95 battered mothers living in the community (Levendosky, Lynch, and Graham-Bermann, 2000) indicated that their abusive partners undermined these mothers’ authority with their children, making effective parenting more difficult. In an earlier qualitative study of one child support and education group program, Peled and Edleson (1995) found that fathers often pressured their children not to attend counseling when mothers were seeking help for their children.

It does appear that battered mothers may be more likely to use physical aggression with their children. For example, a reanalysis of data from the second National Family Violence Survey (Straus, 1990) found that battered mothers were more than twice as likely to physically abuse their children than were mothers who were not battered. Similarly, Holden and Ritchie (1991) found that battered mothers were twice as likely as other mothers to use physical aggression with their children. Conflicting somewhat with these findings are those of Ritchie and Holden (1998) as well as those of a study by McClosky, Figueredo, and Koss (1995) of 365 mothers in three groups: mothers from battered women’s shelters (n=64), battered women from the community (n=102), and a comparison community sample of mothers (n=199). Both studies found no differences between battered mothers and comparison mothers in their use of corporal punishment. Interestingly, Walker (1984) found in her study of 400 battered women that, “mothers were eight times more likely to hurt their children while they were being battered than when they were safe from violence”. (p. 60). Taken together, these studies do indicate that battered mothers may be more likely than other mothers to use some types of aggression against their children but are less likely to do so when they are safe. The use of aggression, along with parental stress, mental health, and other parenting behaviors should be the subject of careful assessment when examining parenting by victims.

Victim’s Decision to Separate

Another often-made assumption is that staying in the home with a violent perpetrator is dangerous and moving away from the perpetrator is a step toward safety. As a result, battered mothers are sometimes accused of “failing to protect” their children from exposure to the adult domestic violence of which they are victims. In fact, the assumption that staying equals danger and leaving equals safety is not upheld by the published research or by battered mothers’ experiences. As Short et al. (2000) found in 22 focus groups with white and African American battered women held in five U.S. regions, “the decision to stay or leave the violent relationship was a highly rational choice

that carefully and accurately took into account the pros and cons of the situation, particularly the potentially lethal consequences of leaving” (p. 276).

Research indicates that, whether staying or leaving, battered mothers often show concern for their children’s safety (Hilton, 1992; Short et al., 2000; Sullivan et al., 2000b). In fact, battered mothers who stayed with their abusive partners identify child safety and economic support for their children’s basic needs as primary reasons for staying. Threats of greater harm upon separation, sometimes leading to murders of women or children, have been clearly documented (Fleury et al., 2000). Lengthy custody fights are also often feared. This same research tends to indicate that a battered mother’s decision to leave is frequently based on child safety. When a mother is considering whether to leave, concerns about direct attacks on the child or changing child behavior attributed to the impact of exposure to domestic violence often play a role in victim decision making.

The protective strategies of battered mothers are seldom given worthy attention. Only recently has the literature on battered women even attempted to suggest strategies for empowering women who remain with abusive partners and who are attempting to end the violence but not the relationship (see Peled, Eisikovits, Enosh, and Winstock, 2000).

The research on battered mothers reveals that in the face of severe trauma and stress they may compensate for violent events by offering increased nurturing and protection to their children. Levendosky, Lynch, and Graham-Bermann (2000) report that 24 (25 percent) of the 95 mothers in their survey study stated that the violence toward them negatively affected their parenting, but 23 (24 percent) reported no negative effects on their parenting and 19 (20 percent) stated that the violence toward them increased their own empathy and caring for their children. Mothers in this last group commented that they curtailed negative parenting behaviors they might have used in order to compensate for the violence in the home. A study by Sullivan et al. (2000b) of 80 battered women and their children found that almost all the children in the study rated their mothers as highly available to them, providing a variety of nurturing behaviors such as hugging them and telling them they were loved.

Holden et al. (1998) summarized their study findings by concluding that, “researchers should revise their orientations with regard to battered women. A search for pathologies of battered women and negative qualities of their parenting seems to be the wrong direction to pursue. Rather, the focus should be shifted to one that begins to recognize and document strengths and coping strategies of these women” (pp. 329–330). Holden and his colleagues are reacting to the overemphasis in the research literature on mothers’ faults and the scarcity of research on how mothers attempt to cope and provide safety in very stressful and dangerous situations. Their critique is well taken, and other researchers in the field should be careful to find a better balance in examining problems and strengths.

Overall, this literature indicates that adult victims of domestic violence are many times under great stress but that even in this hostile environment most tend to parent adequately and sometimes even compensate for their perpetrators’ behaviors. Battered mothers may, however, be more likely to use some types of physical aggression against their children. The mothers repeatedly indicate that perpetrators interfere with their parenting and that they often make decisions to stay with or leave the perpetrator based on their sense of the best interest of their children. It is clear from the data that battered

mothers vary a great deal, with some doing well and others not. Their protective strategies are, however, often underestimated or overlooked in custody and visitation recommendations and decisions.

Assessing the Impact of Violence on Children and Parenting

Understanding the parenting behaviors of both perpetrators and victims and the impact of parenting behaviors and exposure to violence on children requires a careful assessment of a variety of factors, using standardized tools. Developing such tools requires a great deal of work that has yet to be completed.

The Impact of Violence on Children

One important aspect of assessment is understanding the variation in children's exposure to violence and direct physical abuse. For example, a study of 58 children living in a shelter and recently exposed to domestic violence found great variability in problem symptoms (Hughes and Luke, 1998). Over half of the children in the study were classified as either "doing well" (n=15) or "hanging in there" (n=21). Children "hanging in there" were found to exhibit average levels of problems and of self-esteem with some mild anxiety symptoms. The remaining children in the study did show problems: 9 showed "high behavior problems," another 9 "high general distress," and 4 were labeled "depressed kids." In a more recent study, Grych et al. (2000) studied 228 shelter-resident children from ages 8 to 14 years. Of these children, 71 exhibited no problems, 41 showed only mild distress symptoms, 47 exhibited externalized problems such as aggression and antisocial behavior, and 70 were classified as multiproblem.²

It appears that at least half of the children studied were surviving the experience with few evident problems. How does one explain that some children are deeply affected by domestic violence exposure while others are not? On the one hand, it may be that our measures are just not sensitive enough to observe the entire range of harm done to these children through exposure to violence. It may also be that we have not followed children long enough to determine the true impact of violence exposure. On the other hand, it is also highly likely that children's experiences vary greatly in a number of ways that require careful assessment: (1) the severity, frequency, and chronicity of violence in each family; (2) the degree to which each child in the home is exposed to that violence; (3) other risks to which a child may be exposed, such as domestic violence with new adult partners, caregiver substance abuse, or the presence of weapons in the home; (4) the emotional and physical harm that exposure to violence produces for each child; (5) the risk of future harm to the children; (6) the unique individual coping skills that a child brings to the situation; and (7) varying protective factors present in a child's life, such as a caring parent or sibling, extended-family member, or other adult (see Edleson, in press, for a more complete discussion).

² Half of the children in the Hughes and Luke (1998) study had also been physically abused, but they did not significantly differ on these variables from those children who were only exposed to violence but not themselves abused. Grych et al. (2000) found that the level of father-to-child aggression was highly correlated (.94) with children experiencing multiple problems. Mother-to-child aggression was much less correlated with multiple child problems (.32).

Given the published literature reviewed earlier, complete information on the adequacy of victim and especially perpetrator parenting in the context of domestic violence is crucial to effective decision making by those in the court system.

Tools for Assessing Violence Exposure and Parenting

Only by a thorough assessment of the multiple factors described above can a careful judgment be made as to the best response to a child's exposure to violence. Hamby and Finkelhor (2001) have reviewed a large number of assessment tools for use in monitoring child victimization. Unfortunately, very few standardized instruments are available that monitor childhood exposure to adult domestic violence. Most often, researchers and clinicians have adapted the adult version of the widely used Conflict Tactics Scales (Straus, 1979; Straus, Hamby, Boney-McCoy, and Sugarman, 1996). These adaptations vary greatly and leave the field with no standard method of measuring prevalence or individual incidents (Jouriles, McDonald, Norwood, and Ezell, 2001). Others have developed measures of issues related to child exposure. For example, Graham-Bermann (1996) has developed a Family Worries Scale, and Grych and colleagues (Grych, Seid, and Fincham, 1992) have developed a Children's Perception of Interparental Conflict Scale. None of these scales do an adequate job of assessing childhood exposure to domestic violence, the child's ability to cope with these events, and both the risk and the protective factors that moderate the impact of violence on the child.

Toward Adequate Assessment Tools

Assessing the impact of violence on children and on parenting behaviors is a complex process for which few guidelines or protocols currently exist. We do know that the impact on a child is likely to vary along a continuum of relevant factors that require a thorough assessment when making safe custody and visitation arrangements for the child. It is likely that violence also affects parenting in a variety of ways, requiring careful assessment of parents, especially the perpetrator.

A major question for those deciding on custody and visitation issues is the level of continued risk a child may face. Risk assessment has been the focus of some areas of the social science literature for decades. Unfortunately, research into risk assessment is virtually nonexistent in the domain of children exposed to domestic violence. Risk assessment and decision making in child protection cases have received greater attention. Gambrill and Shlonsky's (2000) review of several decades of child welfare risk assessment research suggests that many errors are still made, with a third or more of child protection cases being assessed incorrectly.

Although little empirical data and no standardized measures exist, guidelines drawn from extensive practice experience are being published. For example, Groves, Roberts, and Weinreb (2000) have recently published a curriculum for training mental health practitioners to work with children exposed to domestic violence. The curriculum, titled *Shelter From the Storm*, was designed for training mental health practitioners and outlines the basic criteria these clinicians have developed over years of working with children to assess the impact of domestic violence exposure. While not providing a

specific measure, Groves and colleagues have outlined a basic mental health protocol for eliciting information on (1) a detailed review of the trauma; (2) the current symptoms of the child (3) a detailed developmental history, and (4) the reactions of parents or caregivers to the child's experiences and symptoms. While not directly transferable to a court setting, the protocol provides some guidance for developing appropriate assessments.

The National Council of Juvenile and Family Court Judges (1999) also recommends that judges request a careful assessment of caregiver parenting. The California Family Code appears to require this, for under section 3044 "there is a rebuttable presumption that an award of sole or joint physical or legal custody of a child to a person who has perpetrated domestic violence is detrimental to the best interest of the child." The code outlines six factors to consider in assessing whether a perpetrator of domestic violence has overcome this presumption:

1. Whether the perpetrator of domestic violence has demonstrated that giving sole or joint physical or legal custody of a child to the perpetrator is in the best interest of the child;
2. Whether the perpetrator has satisfactorily completed a batterer's treatment program that meets the criteria outlined in subdivision (c) of Section 1203.097 of the Penal Code;
3. Whether the perpetrator has successfully completed a program of alcohol or drug abuse counseling if the court determines that counseling is appropriate;
4. Whether the perpetrator has successfully completed a parenting class if the court determines the class to be appropriate;
5. If the perpetrator is on probation or parole, whether he or she is restrained by a protective order granted after a hearing, and whether he or she has complied with its terms and conditions;
6. Whether the perpetrator of domestic violence has committed any further acts of domestic violence."³

Finally, Bancroft and Silverman (2002) draw on their clinical experience and suggest a number of continued risks to children from contact with perpetrators. These include the (1) risk of continued undermining of the mother's parenting and the mother-child relationship; (2) risk of continued exposure to authoritarian or neglectful parenting; (3) risk of exposure to new threats or violence, psychological maltreatment, or direct victimization by the batterer; (4) risk of learning violence-supportive beliefs and attitudes; (5) risk of being abducted or otherwise used as a tool of the perpetrator; and (6) risk of the child's exposure to violence in the father's subsequent relationship with other women. Adequately assessing these risks includes, according to Bancroft and Silverman (2002), attention to (1) perpetrator's history of physical or sexual abuse and neglect of his or her children, (2) level of continued danger to the nonabusing parent, (3) history of abuse of the children and other parent, (4) history of using children in or exposing them to violent events, (5) level of coercive control that the perpetrator has exercised in the past, (6) degree to which the perpetrator feels entitled to access and other family

³Fam. Code, § 3044; Pen. Code, § 1203.097, refers to state guidelines for batterers' programs. Rules of Court, rule 5.215, guides family court services staff on how to work with families experiencing domestic violence.

privileges, (7) history of substance abuse and mental illness, (8) willingness to accept the decisions of the victim and of social institutions such as law enforcement and the courts, and (9) risk of child abduction.

At this point there is little research to guide us in selecting which of these factors are more important than others, but a careful assessment of the factors outlined above should be part of any family assessment related to custody and visitation issues. In addition, safety factors must be considered in any comprehensive assessment of these families. Does the abused parent perceive herself and her children to be safe? If so, what factors are critical in creating such safety? If not, what is seen as crucial to developing sufficient safety? Rule 5.215 of the California Rules of Court provides guidance for family court services staff on components of safety. It states in section g(1) that “Safety planning may include but is not limited to discussion of safe housing, workplace safety, safety for other family members and children, access to financial resources, and information about local domestic violence agencies.” Other court remedies, such as civil and criminal actions, should be also considered when providing safety for adult and child victims.

It is important to clarify in a timely manner the criteria by which risk is assigned in families where children are exposed to domestic violence. Certainly the child protection system in the United States is engaged in attempting to clarify risk factors. The growing use of actuarial risk assessment methods (see Baird, Wagner, Healy, and Johnson, 1999; Gambrill and Shlonsky, 2000) is just one example of efforts to systematize decision making about risk assignment. These models seldom include more than one or two questions regarding the existence of domestic violence in the home, but they could serve as a starting point for assessment tool development.

One way to differentiate children’s risk and protection levels would be to develop a series of criteria and/or screening instruments that, based on available or new data, indicate heightened risk or available protection for children. Should these criteria include, for example, domestic violence occurring with other risk factors such as the presence of weapons, the proximity or actions of the child in violent situations, the presence of an alcohol or drug abusing caregiver or the history of the abusive partner that includes repeated or severe violence in the home? At this point the field is too new to have determined these criteria, but it is an area in need of substantial work (see Jouriles et al., 2001; Osofsky, 1999).

Interventions with Families after Violent Incidents

Greater expertise must be developed within the courts, child protection services, and community-based agencies to assist those families that are assessed as requiring further intervention. Social services systems must adopt new strategies and develop both internal expertise and collaborative relationships with battered women’s advocacy organizations, batterer intervention programs, and child abuse prevention agencies in working with families in which domestic violence exists (see Beeman and Edleson, 2000; Findlater and Kelly, 1999; National Council of Juvenile and Family Court Judges, 1998, 1999; Whitney and Davis, 1999). This section addresses the needs of children healing from the effects of exposure to violence, of nonabusive parents in adjusting to the aftermath of violence, and of perpetrating parents in becoming nonviolent. The section

ends with a discussion of issues specific to families experiencing domestic violence and using supervised visitation programs.

Programs to Help Children Recover From Trauma

Interventions for children exposed to adult domestic violence have existed for over 25 years in community-based and shelter programs for battered women. In fact, the majority of residents of battered women's shelters in most states are children (Illinois Coalition Against Domestic Violence, 1996; New Jersey Coalition for Battered Women, 1992). It is only recently, however, that these programs have expanded and that nonshelter services have become available.

Interventions with children exposed to domestic violence are most often provided in the form of individual treatment for trauma (Groves, 1999; Silvern, Karyl, and Landis, 1995), group support and education programs (Graham-Bermann, 2000; Suderman, Marshall, and Loosely, 2000; Peled and Davis, 1995), and "child witness to violence" programs that work with children and their mothers (Groves, 1999; National Council of Juvenile and Family Court Judges, 1998). Other programs work directly with women and children in shelter or transitional housing (Jouriles, McDonald, Stephens, Norwood, Spiller, and Ware, 1998; Stephens, McDonald, and Jouriles, 2000). While many programs offer separate group work for battered mothers and for their children, other programs provide individual intervention with parent-child dyads (Van Horn, Best, and Lieberman, 1998).

Many battered women's shelters and community-based domestic violence programs have long provided services to children who have witnessed violence (see Peled and Davis, 1995). Commonly, these groups meet weekly for one to two hours over a period of 6 to 10 weeks. Peled and Davis (1995) describe four major goals of their children's group program that are commonly found among other programs as well: (1) breaking the family secrets about violence by defining violence, sharing personal experiences, and learning about a range of feelings; (2) learning to protect oneself through protection planning, learning assertive conflict resolution, and learning about safe/unsafe touching; (3) having a positive experience in a safe and structured environment; and (4) strengthening self-esteem through positive reinforcement and validation of feelings by group leaders.

Other community-based programs providing trauma treatment and social support for exposed children and their families have developed in several cities. For example, San Francisco General Hospital operates one of the better known programs (Van Horn, Best, and Lieberman, 1998). Another is the Child Witness to Violence Project (CWVP) at Boston Medical Center, founded in 1992 with the goal of providing therapy services for children who had witnessed various forms of violence in the community. As the CWVP developed, it turned out that about two-thirds of the children referred had witnessed domestic violence (Groves and Zuckerman, 1997). It now provides services for children to heal them from the trauma of violence exposure and for parents to help their children; it works closely with domestic violence and other community agencies to help families find safety; and it offers intensive training to a variety of professionals (see Groves, Roberts, and Weinreb, 2000). Referrals are made from throughout the community, including child protection agencies, but services are voluntary.

Voluntary, community-based assessment and intervention services for exposed children and their families are woefully underdeveloped, even though they have a long history in battered women's programs. Attention to the development, expansion, and evaluation of these services should be a top priority for all communities.

Evaluations of specialized programs for children show promising outcomes. For example, Graham-Bermann's (2001) recent review of programs for children exposed to domestic violence notes that while evaluation of program efficacy is in its infancy, several important findings indicate promise for these programs. Overall, the 15 program evaluations that were included for review showed that children who participated in group programs for children exposed to violence or in programs working with mother-child dyads were able to reduce their own use of aggressive behaviors, lessen anxious and depressive behaviors, and improve both their mental health and social relationships with peers. Some studies also measured improvement of mother-child interactions and found positive results in this area as well. Most of these studies were, however, very limited in nature, Graham-Bermann (2001) points out that the field requires larger and more controlled studies before the effectiveness of such programs in helping children to heal from the trauma to which they have been exposed can be confidently predicted.

Parenting Programs

The growing awareness of the impact of adult domestic violence on children has led to increasing questions about intervention with parents after domestic violence has occurred. There is a large literature on parenting, parent training, and child abuse. The published literature contains surprisingly few descriptions of programs for parents involved with adult domestic violence, and we found no published evaluations. This section will examine current programs. It begins by examining programs for the abused parent and ends with a review of programs for the perpetrating parent.

Parenting Programs for Adult Victims. Shelter programs have long worked with battered mothers to support their parenting. Some of the earliest descriptions of parenting programs for abused mothers were published just in the last decade and were drawn from work of these domestic violence agencies. The authors point out that battered mothers need assistance in rebuilding their parenting in the aftermath of violence. For example, Bilinkoff's (1995) chapter, based on her clinical experience, describes these issues: (1) asserting nonabusive control of children when it may not have been allowed in the past, (2) making up for the absent perpetrator, (3) using children as confidants, and (4) perceiving children—especially young males—as being similar to their abusive fathers. Bilinkoff notes that these issues all occur in addition to those that most newly single parents already confront, making the job of rebuilding a parenting role even more difficult.

More recently, a number of authors have published descriptions of their work with battered mothers alone or with mother-child dyads. As pointed out above, most programming for children exposed to domestic violence occurs within education and support groups like those described by Peled and her colleagues (Peled and Davis, 1995; Peled and Edleson, 1992, 1995) and Graham-Bermann and Levendosky (1994). Often occurring at the same time as the children's program is a parenting support group. Peled

and Davis (1995) describe a 10-week concurrent group for parents (usually battered mothers) that focuses on providing information and developing parenting skills. Information is provided about child exposure to domestic violence, child development, and parenting. Skills that focus on nonabusive discipline, parent-child communication, enhancing child self-esteem, managing sibling relationships, and parenting in changing families are developed.

Others have described direct work with battered mothers. For example, Jouriles et al. (1998) describe their work with mothers through weekly in-home sessions over an eight-month period following shelter residence. A trained therapist, often accompanied by a student intern, worked to provide training on parenting and problem solving and offered ongoing support for the mother's efforts to be safe. In-home visits were chosen because over 50 percent of the women in the program lacked access to transportation (Jouriles et al., 1998). Groves and Zuckerman (1997) also describe direct work with parents and suggest the following areas of effort: (1) reestablishing a sense of order and routine in the home, (2) explaining violent events to children, and (3) responding to children's fears and worries in an honest and reassuring manner.

A somewhat different approach has been taken by a number of others who have attempted to work with mother-child dyads in providing parenting support. As mentioned earlier, perhaps best known within this group is the work of Van Horn, Best, and Lieberman (1998; also described in Zorza, 1999) at San Francisco General Hospital. They have approached the mother-child relationship as critical to the success of the child's adjustment in the aftermath of violence. By working to repair and enhance this relationship, they hope to restore the child's emotional health. In a variation on the dyadic approach, Rabenstein and Lehmann (2000) have described the use of a family group approach, with sets of mothers and their children receiving treatment together. Other parenting education programs have been developed for parents who are either victims or perpetrators and are described in the following subsection.

Initial data on parenting programs for battered mothers show positive outcomes for children and participating parents. Preliminary outcome data from 45 mother-child dyads completing intervention at San Francisco General Hospital have shown a dramatic decrease in mothers' post-traumatic stress symptoms, and in children's stress symptoms and an improved ability among children to concentrate (Zorza, 1999). Jouriles et al. (1998) report initial findings from 34 mothers and their children who were randomly assigned to participate in an in-home intervention or a no-treatment comparison condition. Their early findings indicated that children's problems were reduced and mothers' parenting behavior improved through in-home intervention, when contrasted with the results of a comparison group not receiving intervention. All of these data are preliminary and require larger, more controlled studies before conclusions can be drawn with confidence.

Parenting Programs for Perpetrators. Batterer intervention programs for perpetrators of domestic violence have existed for over two decades and have received extensive attention in the literature. California requires that perpetrators ordered to batterer intervention programs attend a 52-week batterer program that must cover "the effects of abuse on children."⁴

⁴ Pen. Code, § 1203.97.

Batterer programs have been extensively evaluated, with increasingly sophisticated evaluations showing similar results (Bennett and Williams, 2001; Gondolf, 2002). Most frequently, batterer programs are offered in a group format with an educational and therapeutic focus and last anywhere from approximately 6 weeks to the 52 weeks required in California. Despite claims to the contrary, evaluations of batterer programs have consistently found that approximately two out of three of those who complete the program are reported not violent by their partners in follow ups of up to several years (see Bennett and Williams, 2001; Edleson, 1996; Gondolf, 2002). Unfortunately, the majority of perpetrators who contact a program do not complete their assigned programs, with the courts inconsistent in holding them accountable for dropping out early. One can perceive the glass as both half full and half empty. On the one hand, batterer programs appear to be an important part of a larger network of interventions that help some perpetrators to change; on the other hand, many perpetrators ordered into such programs drop out and are not held accountable when they do so.

Another unfortunate aspect of many batterer programs—as they are described in the published literature—is that they have traditionally not included very much content on parenting. California Penal Code section 1203.097 does require some content on children, but the implementation of this requirement appears to vary widely. Similarly, programs across North America have seldom given much time or attention to the issue of parenting, since the perpetrator’s violent and threatening behavior to an adult partner is usually the primary focus. For example, a new book that draws together some of the most prominent approaches to batterer intervention with a wide array of populations makes only a few references to parenting (Aldarondo and Mederos, 2002).

There are several examples of emerging programs specifically designed for training perpetrators to parent without violence, yet most of these have been established only in the last decade or so. These parenting programs are supplementary sessions within existing batterer intervention programs or a separate curriculum that is offered to men once they have completed a traditional batterer intervention group curriculum.

One of the earliest examples described in the literature is a parenting program that supplemented a more traditional batterer intervention group, the Men’s Parenting Program of the Amherst H. Wilder Foundation’s Community Assistance Program in St. Paul, Minnesota (Mathews, 1995). When the program first began, most men attended voluntarily, but over time the courts increasingly mandated attendance as a requirement for probation. The curriculum was offered over 12 weeks in 2.5 hours sessions once a week (a total of 30 hours).

Making the program a supplement to a more traditional batterer intervention group allowed building on the lessons learned in the earlier program and a greater focus on parenting. Other practitioners have discussed incorporating the fatherhood content into an existing program but find it difficult to do so because some men in the group may not be fathers and those who are may refuse to believe that their children have ever witnessed the violence. Compton (1998) suggests waiting until very late in a batterer program to confront the man’s role as “the family disciplinarian.” The goal is to help him face the difficult task of making himself accountable to his children for his own violence and make the transition to respectful parenting.

The parenting curriculum outlined by Mathews (1995) mixed content found in many generic parenting programs with that specific to domestic violence. His curriculum

included information and activities focused on (1) a father's role in the family; (2) defining violence in parenting; (3) using discipline versus punishment; (4) nonviolent means for changing children's behaviors; (5) information on child development; (6) the effects of child exposure to domestic violence; (7) how to use logical and natural consequences; and (8) communication skills, assertiveness, and expressing feelings appropriately. Beyond this content, issues that Mathews and his colleagues found important to confront during group sessions were (1) men's resistance to changing parenting behavior, (2) their limited knowledge of child development and sometimes their inaccurate expectations for their children, (3) men's shame about their own behavior and coping with it through denial, (4) their frequent inability to have empathy for their children's experience of their father's violence, (5) issues around their role as stepparents, and (6) an unwillingness to commit to parenting without violence.

The EVOLVE Program offered in Connecticut has taken the approach of integrating six lessons on fatherhood into a larger curriculum for perpetrators (Donnelly, Mederos, Nyquist, Williams, and Wilson, 2000). Session content includes the role of fathers in the home, the impact of their violence on their adult partners, and how to form a more cooperative and respectful parental alliance with the children's mother regardless of their future relationship. Another Connecticut program, the Non-Violence Alliance, has proposed a four-module program that focuses on (1) the effects of violence on children, (2) ending domestic violence after separation, (3) healing damage from earlier violence, and (4) positive parenting skills (Mandel, 2002).

Taking a slightly different approach, Crager and Anderson (1997) have developed a curriculum aimed not at training parenting skills but rather at helping parents to understand the impact of violence on their children, to talk and listen to their children about violence, and to help support and strengthen their children and the parent-child relationship. Parenting programs are usually designed in a way that they can be offered to either victims or perpetrators but almost always are offered to them in separate settings. This 12-session program, which is fully available online, includes alternate session agendas for groups made up of victims or of perpetrators.

In California, parenting curricula for high conflict families already exist, but several focusing specifically on parents experiencing domestic violence have recently emerged. For example, the Program for Empowered Parenting, which originated at the Center for Human Development in San Jose, has been developed for parents who are using violence, including perpetrators of domestic violence (M. Lowell, personal communication, June 2002). The center offers a very brief four-session parenting-without-violence module within a state-mandated 52-week batterer intervention program. This module focuses on transforming dominant styles of parenting into what Lowell has labeled "empowered parenting" and defined as conscious and connected parenting that promotes "freedom with order" (Lowell, 2002).

Federal block grant funds for enhancing access to parent-child visitation were used to support the development of another California-based parenting education program designed specifically for families involved in domestic violence. The program, titled *For Our Children: Helping Parents Help Their Kids* (Shatz and LaViolette, 2000), is aimed at parents who have experienced or perpetrated domestic violence. The program's 12 sessions cover the following topics in this order: (1) child witnesses to domestic violence and divorce; (2) belief systems; (3) anger and violence in intimate relationships;

(4) anger; (5) making peace with your anger; (6) developing empathy; (7) power and control; (8) healthy families; (9) divorce and what happens to your children; (10) grief, loss, and establishing a postdivorce relationship; and (11-12) putting it all together. Groups of approximately 10 parents engage in a variety of activities, including lectures, discussions, role-plays, storytelling, and smaller breakout groups and complete homework assignments between sessions. The program has not yet been evaluated, but the 113-page curriculum has been widely distributed by the Superior Court of Los Angeles County.

Another new program is being pilot tested by Kids' Turn, a San Francisco-based agency. Susanna Marshland of Kids' Turn and Dr. Patricia Van Horn of the University of California at San Francisco developed the 14-session Nonviolent Family Skills Program offered at the agency. The program includes content on child development, the impact of violence on children, dealing with anger while parenting, co-parenting, and positive parenting skills. The program is being pilot tested with battered mothers and will then be tested with perpetrating fathers (S. Marshland, personal communication, October 2002). The development of this program was supported by a grant from the Mary A. Crocker Trust.

Still another example is a program jointly developed by the Peninsula Conflict Resolution Center and the Service League of San Mateo. A combined domestic violence and responsible fatherhood program, this effort integrates the work of Paul Kivel, Men Overcoming Violence (MOVE) in San Francisco, Men Can Stop Rape, and several South African programs (D. Peacock, personal communication, May 2002). The curriculum includes two sessions on child witnessing of domestic violence and six sessions on parenting. The parenting content focuses on how the perpetrators were parented, what kind of parent they want to be, child development information, and means for effective communication. Among other programs developing parenting curricula are MOVE in San Francisco, which has funding from the William and Flora Hewlett Foundation to develop programming for fathers with a history of violence (MOVE, 2002), and the Center for Child Protection at Children's Hospital in San Diego with funding from the U.S. Office of Child Abuse and Neglect.

All of these programs are relatively new and being pilot tested, but they have not yet been evaluated. One aspect requiring careful evaluation is child and adult victim safety. Williams, Boggess, and Carter (2001) have suggested that the intersection between efforts to engage perpetrators in families and efforts to provide safety to battered mothers and their children is an important opportunity for new programming but also one that carries many risks. These risks include our inability to accurately predict which perpetrators will continue violence. Encouraging parenting and involvement by perpetrators raises concerns about creating social pressure to keep perpetrators involved in families and the dangers such involvement may raise for children and adult victims.

On the other hand, the opportunity to create new programs or redesign existing ones is great. So many perpetrators will continue to be involved with their children, even if in supervised settings, that the welfare of these children requires new efforts. We need to develop successful programming to improve the quality of perpetrators' parenting skills and their interactions with their children.

The best interest of the child and adult victims will be served if parenting programs for perpetrators are created with safety for others as a primary concern. Safety

will dictate both the content of such programs as well as the degree to which they are closely coordinated with victim support services and court actions. Continued monitoring of the perpetrator's interactions with his children and his willingness to be held accountable for his actions is critical to the safe implementation of such policies and programs.

Unfortunately there is little research on the effectiveness of curricula targeted for perpetrating parents. Emerging programs targeted at these parents are in their infancy. To date there are no published evaluations of these programs that would help us understand their effectiveness or refine existing efforts. A major expectation of the courts should be to receive information on the impact of these programs on the parenting behaviors of participants and safety for their victims. Ample guidance is available in both the batterer intervention program literature (see Bennett and Williams, 2001; Gondolf, 2002) and in the parenting program literature to guide evaluations that are sensitive to both the nature of adult domestic violence and of parenting.

Supervised Visitation Programs

Supervised visitation programs have developed rapidly across the United States. These programs were initially developed as a way to permit parents to spend time with their children who were placed outside the home due to child abuse or neglect. The uses of such programs have expanded to respond to a wider range of problems, including domestic violence, parental mental illness and substance abuse, threat of abduction, and reinitiating contact between parents and their children. The services offered often include child exchange, off-site supervision, telephone contact, multifamily groups, one-on-one sessions, and therapeutic supervision (Center for Families, Children & the Courts, 2000; Thoennes and Pearson, 1999).

The National Council of Juvenile and Family Court Judges' (1994) Model Code on Domestic and Family Violence recommended the use of supervised visitation centers in cases of domestic violence. Thoennes and Pearson (1999) found that 82 percent of the courts responding in their national survey would order supervised visitation when violence was alleged between parents. The Center for Families, Children & the Courts (2000) has also found domestic violence to be one of the key issues that brought families to California's supervised visitation programs.

Unfortunately, some perpetrators use visitation exchanges as an opportunity to continue to abuse the other parent. For example, a survey of 14 Canadian supervised visitation programs showed that 1.6 critical incidents, including parental confrontations, occurred for every 1,000 visits (Park, Peterson-Badali, and Jenkins, 1997). As pointed out earlier, up to a quarter of battered mothers in one study reported continued abuse during visitation and exchanges (Leighton, 1989).

The National Council of Juvenile and Family Court Judges (1994, 1999) has repeatedly recommended that supervised visitation be provided only when safety and security measures are taken and staff are well trained in the unique dangers raised by domestic violence perpetrators. California has adopted Uniform Standards of Practice for Providers of Supervised Visitation⁵. These standards require visitation centers to take specific safety and security steps, including establishing written security procedures of

⁵ Cal. Stds. Jud. Admin. § 26.2.

which clients are informed; conducting risk assessments in each case; obtaining copies of any protective orders, court orders, forms relating to visitation orders, written reports on domestic violence or abuse, and, when necessary, health records; establishing written procedures in the event of child abduction during a supervised visitation; and establishing practices that suspend or end visitation when safety is in jeopardy.

Some suggested security measures include closer supervision of domestic violence–related visitations by trained staff, staggered arrival and departure times, separate entrances for mothers and fathers, escorts to cars, and center access to police through direct electronic connection (Park, Peterson-Badali, and Jenkins, 1997).

The murder of Melanie Edwards and her two-year-old child by her estranged husband, Carlton, when leaving a supervised visitation program in the Seattle area in December 1998 (Barker, 1998) illustrated many concerns about safety during visitation exchanges. Sadly, many of the suggested security measures were in place when Melanie Edwards and her child were murdered. She had even sold her car and bought a different model so her husband would be less likely to notice or track her (Barker, 1998). However, these precautions did not stop him from using this contact point to deliver his last blows.

While some data exist on the impact of supervised visitation centers on children, families, and the courts, none focuses on the impact of these programs on families experiencing domestic violence. Several mention domestic violence (for example, Thoennes and Pearson, 1999) but it is frequently difficult to sort out the differential impact supervised visitation programs have on families experiencing domestic violence. Controlled evaluations of the involvement of this particular group of families in supervised visitation—and the benefits and drawbacks of this involvement—are badly needed.

Addressing the Needs of California’s Diverse Population

California’s courts and intervention programs will see an increasingly diverse group of families coming before them in the next decade. A quarter of California’s residents are foreign born. While California’s non-Hispanic white population is approximately 47 percent of the total population, it is only 35 percent of the children under 18 years of age (Center for Families, Children & the Courts, 2001). These facts, combined with a new “baby boom” of children under 10 years of age, makes it likely that the majority of parents and their children coming before the courts and to intervention programs will be from communities of color for the foreseeable future.

Our extensive search revealed a literature on cultural differences and child maltreatment (see, for example, Abney, 2002; Doe, 2000) and a growing number of articles on cultural differences and the experience of domestic violence in specific communities (see, for example Aldarondo and Mederos, 2002; Almeida and Dolan-Delvechio, 1999; Carrillo and Tello, 1998; Dasgupta, 1998; Dumont-Smith, 1995; Shetty and Kaguyutan, 2002; and Yoshihama, 2000). In addition, a few of the studies reviewed earlier included large numbers of people of color. For example, the sample of Fleury et al. (2000) included a majority (54 percent) of African-American women.

Unfortunately, this growing literature reveals little about cultural differences in parenting behavior within the context of domestic violence and offers scant guidance on

how to respond uniquely to these families. A research agenda that specifically examines parenting in the context of domestic violence among communities of color and immigrant populations is urgently needed. Studies that examine culture-specific child-rearing practices within the context of domestic violence, how the seeking of help occurs within different communities, and how divorce and separation are perceived differently and the impact of these perceptions on parenting behavior and children would provide badly needed information. Williams et al. (2001) also raised a series of additional questions when considering race in the context of fatherhood and domestic violence. For example, how do race and socioeconomic status interact with domestic violence to influence choices regarding children's access to their fathers?

While it is important to acknowledge differences, Almeida and Dolan-Delvecchio (1999) warn that we must be very careful not to succumb to cultural explanations that promote or condone violence. They argue that "wife battering is not culture . . . these practices cannot be considered culture. Culture is the positive transmission of rituals, celebrations, and stories that makes familiar the general ordering of life for members of a particular group" (p. 667). The ability to separate positive aspects of culture from the traditional but sometimes harmful practices of a group is particularly important when assessing diverse family populations. Without these types of information, the courts and associated services will not be able to appropriately address the needs of the majority of those who are likely to come before them.